

OCT 31 2006

Atty Docket No. 019633-000127US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Sheridan Swope

Group Art Unit 1656

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Sheridan Swope**

CERTIFICATION OF FACSIMILE TRANSMISSION

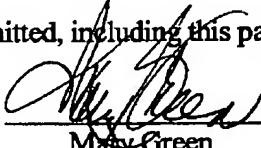
I hereby certify that the following documents in re Application of GILBERT and WAKARCHUK, Application No. 10/820,536, filed April 7, 2004 for NUCLEIC ACIDS ENCODING SIALYLTRANSFERASES FROM C. JEJUNI are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Fee Transmittal for FY 2006
2. Supplemental Response and Terminal Disclaimer Submission
3. Terminal Disclaimer

Number of pages being transmitted, including this page: 6

Dated: October 31, 2006


Mary Green

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (415) 576-0300**

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PTO/SB/17 (07-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130)

Complete If Known	
Application Number	10/820,536
Filing Date	April 7, 2004
First Named Inventor	Gilbert, Michel
Examiner Name	Sheridan Swope
Art Unit	1656
Attorney Docket No.	019633-000127US

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DC 31 2006

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Small Entity
Fee (\$)	Fee (\$)

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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20 or HP = _____ x _____ = _____ Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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-3 or HP = _____ x _____ = _____ Fee (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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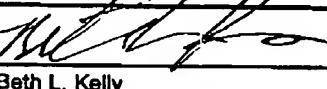
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer 130

SUBMITTED BY

Signature		Registration No. 51,868 (Attorney/Agent)	Telephone 415-576-0200
Name (Print/Type)	Beth L. Kelly		Date October 31, 2006

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